



Attendees at the project closeout's workshop attentively listening to a presentation; in the forefront, from left to right, Prof. Payanzo, Chairman of ASF's Board; Mr. Mbayambundila, Kinshasa Province's Minister of Tourism; and Mr. Ankiba, PSI Country Representative and Executive Director of ASF

## **Advancing Social Marketing for Health in the Democratic Republic of Congo Task Order # GHH-I-05-07-00062-00**

### **Programmatic Quarterly Report July – September 2013**

**Submitted by:**  
**Population Services International**  
October 25<sup>th</sup>, 2013



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## **I. Executive Summary**

**Organization:** Population Services International (PSI)/Association de Santé Familiale (ASF)

**Address:** 4630, De la Science Avenue, USCT Building Block C, Gombe, Kinshasa,  
Democratic Republic of Congo (DRC)

**Contact:** Dr. Didier Adjoua, Chief of Party

**Program Title:** Advancing Social Marketing for Health in the Democratic Republic of Congo

**Agreement number:** GHH-I-05-07-00062-00

**Country:** Democratic Republic of Congo

**Time period:** July – September 2013 (Q4 FY13)

**Program Goal:** To improve the health status of the people of the Democratic Republic of the Congo.

**Program Purpose:** To expand and build upon the achievements of USAID's previous social marketing programs in DRC by increasing the use of effective health products, services, and behaviors in the areas of HIV/AIDS/STI, family planning and reproductive health (FP/RH), maternal and child health (MCH) and water and sanitation.

**Program Objectives:** The proposed program has four main objectives:

1. Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.
2. Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and to build an informed, sustainable consumer base.
3. Develop and/or enhance the ability of commercial/private sector entities to socially market health products and services including behavior change communication activities.
4. Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the GDRC, other United States Government (USG), and non-USG partners.

### **Key successes during Q4 FY13:**

1. 11,094,091 male condoms and 362,131 female condoms were distributed in targeted health zones under the AIDSTAR project.
2. 309,303 Combination-3 oral contraceptives, 56,839 injectables, 264 IUDs, 873 CycleBeads and 647 Jadelle implants were distributed to women of reproductive age in project-targeted health zones.
3. 40,249 CYPs were generated through the distribution of FP products over the quarter.
4. 239,148 sachets of PUR and 2,975,824 tablets of Aquatabs were distributed to treat 61,907,960 liters of water.

## II. Description of activities performed

**TASK 1: Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.**

### *Cross-cutting activities*

1. The collaboration with wholesalers / distributors continued in all the project-targeted provinces in order to reach distribution indicators and strengthen partnership with the private sector.
2. In collaboration with the sales force put in place in all project-targeted provinces, points of sales were systematically visited in accordance with MAP criteria, including availability of products, presence of promotional materials, compliance with the price list and non expiration of products.
3. The rural strategy continued to be successfully implemented in Kasai Oriental Province (especially in Mweneditu, Ngandajika and Kabinda), in Katanga (especially in Kolwezi and Kamina), and in Province Orientale (especially in Kisangani and its surroundings). The number of commercial bikers recruited went up to more than 3,000 and all received their identifying kits (hats, badges, bibs, bags). This activity generated such enthusiasm among the population that even non bikers were interested in becoming mobile points of sales as an opportunity for an income generating activity.

### *HIV/AIDS/STI*

1. At the beginning of this quarter, there were 27,732,979 Prudence<sup>®</sup> male condoms, 14,557,876 Prudence Sensuel<sup>®</sup> male condoms and 406,057 Prudence<sup>®</sup> female condoms stored in PSI/ASF's warehouses in the targeted provinces.
2. PSI/ASF submitted to MoH the additional information it had requested in Q3 about Prudence<sup>®</sup> Sensuel. Up to the end of the quarter, PSI/ASF did not receive the invitation of the MoH to pay the required fees before being delivered the AMM of Prudence<sup>®</sup> Sensuel.
3. Male and female condoms were distributed in the private sector through pharmaceutical and non-pharmaceutical wholesalers as well as sales outlets. The sales force backed this distribution and enhanced the visibility of sales outlets.
4. The following tables highlight the distribution of male and female condoms by province during Q4 FY13 and the inventory on hand at the end of September 2013:

Male Prudence	Distribution	Stock available, end of September 2013
KINSHASA	3,140,424	15,971,096
KATANGA	2,067,789	1,445
BAS-CONGO	345,600	0
SUD-KIVU/ NORD KIVU	466,035	551,949
PROVINCE ORIENTALE	749,923	0
KASAI ORIENTAL/ KASAI OCCIDENTAL	4,324,320	114,398
<b>TOTAL</b>	<b>11,094,091</b>	<b>16,638,888</b>

Female Prudence	Distribution	Stock available, end of September 2013
KINSHASA	116,216	7,151
KATANGA	77,400	24,000
BAS-CONGO	1,200	0
SUD-KIVU/ NORD KIVU	20,515	4,775
PROVINCE ORIENTALE	49,600	8,000
KASAI ORIENTAL/ KASAI OCCIDENTAL	97,200	0
<b>TOTAL</b>	<b>362,131</b>	<b>43,926</b>

### *Family Planning*

1. The table below shows the contribution of each of the provinces targeted by the project in achieving distribution objectives, from July to September 2013.

Province	COMBI 3	Injectable	IUD	CycleBeads	Jadelle
Kinshasa	156,363	23,436	181	325	150
Katanga	18,390	10,598	0	236	30
Bas-Congo	4,245	2,890	0	39	12
Sud-Kivu / Nord-Kivu	18,000	3,028	0	148	69
Kasaï Oriental / Kasaï Occidental	102,600	7,802	0	0	124
Province Orientale	9,705	9,085	83	125	262
<b>TOTAL</b>	<b>309,303</b>	<b>56,839</b>	<b>264</b>	<b>873</b>	<b>647</b>

2. FP *Confiance* products (COC, DMPA, IUD, CycleBeads, Implants) were socially marketed in the private sector through pharmaceutical wholesalers, FP partner clinics and pharmacies.

## **Maternal & Child Health**

### **DTK**

1. The DTKs' manufacturer shipped the products to DRC but they did not arrive by the end of the quarter. Therefore, their testing, dispatch to provinces and distribution through social marketing could not be carried out. The arrival of the purchased stock is expected after the end of the project. It should be noted that the manufacturer packaged DTKs in units of 20 pieces each.

### **Water and Sanitation**

1. Aquatabs tablets were packaged and dispatched to project-targeted provinces to supply the distribution network comprising the private sector and other partners.
2. The PUR water purifier was dispatched to project-targeted provinces to supply the distribution network.
3. World Vision ensured the distribution of PUR in the Rutshuru Territory, Sud-Kivu Province, to prevent cholera spread.
4. Aquatabs tablets were distributed to commercial distributors/wholesalers in all project-targeted provinces, to UNICEF to address the cholera outbreak in Uvira, to Oxfam to fight cholera in the Kamituga Territory, Sud-Kivu Province, to the Diocesan Development Office in Katanga and to a local partner NGO named Halte Sida in Kinshasa.
5. In July, PSI/ASF received 2,270,400 sachets of PUR from PSI/Washington and 312 of them were used for testing purposes.
6. From July to September 2013, a total of 239,148 sachets of PUR and 2,975,824 tablets of Aquatabs were distributed.
7. The following tables highlight the distribution of products by province during Q4 FY13, and the inventory on hand at the end of September 2013:

<b>PUR</b>	<b>Distribution</b>	<b>Stock available, end of September 2013</b>
Kinshasa	190,188	2,006,968
Katanga	15,360	366,240
Bas-Congo	9,600	0
Sud-Kivu/ Nord Kivu	0	1,620,000
Kasai Oriental	0	0
Province Orientale	24,000	0
<b>TOTAL</b>	<b>239,148</b>	<b>3,993,208</b>

<b>AQUATABS</b>	<b>Distribution</b>	<b>Stock available, end of September 2013</b>
Kinshasa	1,109,264	20,100,943
Katanga	703,360	1,203,200
Bas-Congo	61,440	0
Sud-Kivu	284,160	668,160
Kasaï Oriental	664,000	0
Province Orientale	153,600	0
<b>TOTAL</b>	<b>2,975,824</b>	<b>21,972,303</b>

**Task 1 Indicators: Situation as of end Q4FY13**

	<b>INDICATORS</b>	<b>Year 4 Targets</b>	<b>Year 4 Achievement (numbers)</b>	<b>Year 4 Achievement (%)</b>	<b>Comments</b>
1	Number of male condoms distributed through the USG funded social marketing programs	36,500,000	38,420,804	105.26	Achieved
2	Number of female condoms distributed through the USG funded social marketing programs	1,310,000	1,471,815	112.35	Achieved
3	Liters of water disinfected with point of use home water treatment solution to the USG funded social marketing programs	62,000,000	109,666,750	176.88	Due to cholera outbreaks, distribution beyond the target.
4	Number of diarrhea Treatment Kits Containing 2 low amorality flavored ORS sachets plus a 10-blister pack of zinc distributed through the USG funded social marketing programs	100,000	N/A	N/A	Kits not in stock
6	Number of cycles of oral contraceptives (COMBI 3) distributed through the USG funded social marketing programs	1,797,281	1,114,722	62.02	Now, users' needs tend to drift more towards long lasting methods in a context where all the modern methods are proposed to the target group.
7	Number of injectable contraceptives distributed through the USG funded social marketing programs	250,000	282,947	113.18	Achieved
8	Number of IUDs distributed through the USG funded social marketing programs	3,000	3,420	114.00	Achieved
9	Number of Cycle Beads distributed through the USG funded social marketing programs	6,200	10,130	163.39	Widely accepted in the community and also contributed to the achievement of oral contraceptives.
10	Number of implants distributed through the USG funded social marketing programs	2500	2,044	81.76	Free distribution of implants by other stakeholders reported in Q2 FY13 affected sales of social marketing implants.
11	CYP	218,019	188,810	86.60	Due to reasons mentioned above.

**TASK 2: Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and to build an informed, sustainable consumer base.**

***Cross-cutting activities***

1. The script of the documentary on the AIDSTAR project was validated internally and externally by USAID. Then the film was edited and a final draft was presented to USAID in mid-September for feedback.

***HIV/AIDS/STI***

1. All the provinces completed the broadcast of the “Prudence” reminder radio and TV spots developed in 2012. These broadcasts supported products’ sales activities.
2. The leaflet containing integrated HIV and FP messages was distributed to targeted communities to counteract false beliefs regarding condoms and contraceptives methods.
3. During this reporting period, EUB, a local partner NGO in Kisangani, conducted 160 interpersonal communication sessions under the oversight of PNLS and PNMLS in Province Orientale, and reached 3,880 individuals.
4. Mass communication sessions were not organized during this reporting period since the related indicator was already achieved. Therefore, BCC activities coupled with VCT in collaboration with ProVIC were not conducted.

***100%Jeune***

1. The issue 6 of *100%Jeune* magazine, whose main theme was youth and clandestine abortion, was produced and distributed to pupils and students who have gone back to school.
2. On the *100%Jeune* Facebook page, the magazine’s editorial staff continued chatting with its followers about topics found in the recently published issue. By the end of September, the profile had about 597 followers.

***Family Planning***

1. As part of managing false beliefs about FP, leaflets developed for that purpose were dispatched to project-targeted provinces and distributed to service providers and recipients.
2. Though the activity of community-based educators was discontinued as planned, the *Confiance* network clinics’ providers continued holding sensitization sessions during antenatal and preschool consultations.



Number of people reached through FP interpersonal communication, by province  
(July-September 2013 – Q4 FY13)

Province	Men	Women	Total
Kinshasa	7,916	27,172	35,088
Katanga	0	0	0
Bas-Congo	0	0	0
Sud-Kivu	9	453	462
Nord-Kivu	2	69	71
Province Orientale	0	0	0
Equateur	0	0	0
Kasaï Occidental	0	0	0
Kasaï Oriental	0	0	0
<b>Total</b>	<b>7,927</b>	<b>27,694</b>	<b>35,621</b>

3. During the quarter, the toll-free hotline addressed FP queries and concerns from clients. Though calls from men were still numerous, i.e. 2,254 calls out of a total of 3,690 calls recorded during the quarter (61.08%). It should be noted that 58.78% of recorded questions were about FP advantages, types of methods, users' profile, etc.; 9.86% of them were concerns about the side effects (rumors, false beliefs), 17.32% of them were about the location of FP clients support sites and about 13.93% of them related to other health areas especially malaria.

Number of calls received by FP hotline, by province  
(July-September 2013 – Q4 FY13)

Province	Calls		Total
	Men	Women	
Kinshasa	452	731	1,183
Katanga	781	230	1,011
Bas-Congo	129	91	220
Sud-Kivu	73	41	114
Nord-Kivu	52	31	83
Province Orientale	77	41	118
Equateur	99	73	172
Kasaï Occidental	143	47	190
Kasaï Oriental	194	62	256
Maniema	49	21	70
Bandundu	205	68	273
<b>Total</b>	<b>2,254</b>	<b>1,436</b>	<b>3,690</b>

4. Counseling sessions organized for couples or individuals (men and women) of reproductive age in network clinics created a framework for extensive exchanges on FP, its importance in health

and the available contraceptive methods including condoms, which offer dual protection. As shown in the table below, 23,738 people benefited from this service thanks to FP providers.

Number of people reached through FP counseling visits, by province  
(July-September 2013 – Q4 FY13)

Province	Men	Women	Total
Kinshasa	2,036	11,523	13,559
Katanga	322	1,991	2,313
Bas-Congo	0	0	0
Sud-Kivu	36	1,032	1,068
Nord-Kivu	3	94	97
Province Orientale	95	343	438
Kasaï Occidental	1,186	1,892	3,078
Kasaï Oriental	674	2,511	3,185
<b>Total</b>	<b>4,352</b>	<b>19,386</b>	<b>23,738</b>

5. A total of 4,925 clients accepted to use modern contraceptive methods.

Number of new clients recruited, by province  
(July-September 2013 – Q4 FY13)

Province	New Clients		Total
	Men	Women	
Kinshasa	0	2 393	2,393
Katanga	0	638	638
Bas-Congo			
Sud-Kivu		286	286
Province Orientale		284	284
Kasaï-Occidental		811	811
Kasaï-Oriental		513	513
<b>Total</b>		<b>4,925</b>	<b>4,925</b>

**Task 2 Indicators: Situation as of end Q4FY13**

	INDICATORS	Year 4 Targets	Year 4 Achievement (numbers)	Year 4 Achievement (%)	Comments
12	Number of people reached during HIV/AIDS activities who are oriented to VCT site	12,817	55,556	433.46	The broadcast of DoD-funded radio and TV spots on VCT uptake had a tremendous impact on the general population; and the distribution of the T-shirt with the message on VCT uptake also played a significant role. People are referred from IPC and mass communication activities
13	Number of individuals reached with individual and/or small group preventive interventions primarily focused on abstinence and/or being faithful that are based on evidence and/or meet the minimum standards	27,580	28,045	101.69	Achieved
14	Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	20,386	18,111	88.84	Partnership conventions with most of local implementing NGOs targeting MARP were discontinued earlier
15	Number of targeted condom service outlets	8,852	9,285	104.89	Points of sale are cumulative
16	Number of individuals who participated in communitywide event focused on HIV/AIDS	460,000	612,676	133.19	Sessions drew a lot of attention from the population
17	Number of media outlets including HIV/AIDS messages in their program	25	25	100	Achieved
18	Number of media broadcasts that promote responsible sexual behavior	5,349	5,463	102.13	Achieved
21	Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs (Depo provera)	45	10	22.22	The level of stock out is low and is far from reaching the limit of 45
22	Numbers of people reached during outreach activities promoting the use of water purifier products	200,000	207,606	103.80	Achieved
23	Numbers of people reached during outreach activities promoting the use of ORS sachets to treat diarrhea	20,000	NA	-	The product is not yet available
25	Percentage of delivery points reporting stock-out of water purifier at any time	15%	0	100	No stock out has been reported to the project by PSI/ASF's direct clients (wholesalers) for PUR

**TASK 3: Develop and/or enhance the ability of commercial/private sector entities to socially market health products and services including behavior change communication activities.**

***Cross-cutting***

1. On August 29<sup>th</sup>, 2013, the 2013-2017 ASF's strategic plan was once again presented to the staff to ensure that they understand it. Thus, they can make it their own and work for its success. ASF envisions presenting this plan to specific partners (donors, organizations, etc.).

**TASK 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the GDRC, other United States Government (USG), and non-USG partners.**

***Cross-Cutting***

1. No quarterly monitoring meeting with USAID was held this quarter, but there were many coordination calls between the COP and the COR to make sure the closeout process was running smoothly.
2. Quarterly coordination meetings with other USAID partners at the provincial level were not organized. Nevertheless, PSI/ASF provincial office in Kisangani participated in two task force meetings: monitoring & evaluation (with PNMLS, to validate strategic plan's data) and MNCH (mother, newborn and child health) with the health district for the quarterly review.
3. The provincial office in Lubumbashi participated in the monthly review held by the Lubumbashi health district. The provincial office in Bukavu also participated in a meeting of the management committee held by the Ibanda health zone for the presentation of the operational action plan
4. During the quarter, PSI/ASF attended the following thematic meetings related to HIV:
  - Meetings for validating PNMLS' 2014-2017 HIV National Strategic Plan;
  - PNMLS' condom cluster meeting;
  - Meetings of the group in charge of reviewing draft no. 2 of the 2014-2017 HIV National Strategic Plan.

In connection with MCH/Water, PSI/ASF attended the following meetings:

- Three meetings on 13 life-saving commodities for women and children that put together experts from the Ministry of Health and their technical and financial partners. As a result, a country plan was produced; later on, it was discussed in Dakar, Senegal, from August 1<sup>st</sup> to August 5<sup>th</sup>, 2013 with donors' representatives and UN experts;
- Two meetings of the WASH cluster that dealt with response to cholera in DRC, production of tools related to minimum standards for water, sanitation and hygiene interventions in DRC and the presentation of the WASH Consortium project, which puts together some agencies on the WASH issue;
- Two meetings of the cholera subcommittee, which permitted to monitor the status of the epidemiologic profile of cholera in DRC and strategies that were put in place such as the

pilot project of anti cholera vaccination in Haut Katanga. Discussions also focused on the national plan for eliminating cholera;

- The workshop on the project of introducing 7.1% chlorhexidine digluconate, which made it possible to popularize this approach of umbilical care to decision-makers and practitioners at various levels of DRC's health system. This approach is part of activities related to the 13 life-saving commodities for women and children in DRC;
- A workshop that helped quantify unmet needs for misoprostol, oxytocin and magnesium sulfate in maternal health in DRC;
- The debriefing made by the DRC representatives at the Dakar international conference on newborn health to actors operating in this field. The country implementation plan for the global project *Every Newborn* was presented. That plan will provide strategic directions to prevent and manage the most common causes of newborn mortality, which account for 43% of all under-five mortality;
- A workshop on the strategy of using amoxicillin dispersible tablet at first intention to manage cases of acute respiratory infections in under-five; this workshop was held by the National Program for the Control of Acute Respiratory Infections (PNIRA).

During this quarter, PSI/ASF attended several thematic meetings on FP that were held under PNSR's lead, namely:

- The Permanent Multi-sectorial Technical Committee (Comité Technique Multisectoriel Permanent or CTMP) for repositioning FP met to discuss on bills about reproductive health in DRC. The minutes of this meeting, which included bills areas that were identified as needing improvement, were written and will be sent to drafters of these legal texts. The next step will consist in disseminating the revised version of these bills for adoption by members of CTMP, which is a technical body set up to follow up on the recommendations of the National Conference for Repositioning FP in DRC;
- The meeting on the quantification of modern contraceptive products for the country in order to quantify the country's needs in this area as required by the first FP strategic plan which is currently under development;
- The preparatory meeting of the family planning campaign for the celebration of the 2013 World Contraception Day, on September 26<sup>th</sup>, 2013. Activities in connection with this campaign will be carried out nationwide from October 25<sup>th</sup> to November 25<sup>th</sup>, 2013.

5. In order to reinforce coordination with health zones, PSI/ASF's provincial offices participated in various meetings held by health zones.

### ***Capacity Building & Assessments***

1. During the quarter, PSI/ASF and its subcontractor Social Impact finalized financial and administrative manuals developed by the local partner NGOs. In addition, Social Impact held a workshop for the development of coaches' training module, which should help coaches continue supporting these NGO even after the project's end. It should be noted that, thanks to this process of building local partner NGOs' capacity, some of them started distributing products and have been able to expand their activities.

#### **Task 4 Indicator: Situation as of end Q4 FY13**

	INDICATOR	Year 4 Targets	Year 4 Achievement (numbers)	Year 4 Achievement (%)	Comments
29	Number of external technical/coordination meetings attended at national/provincial/district levels with stakeholders	110	71	64.55	Among other things, the unavailability of other stakeholders prevented PSI/ASF from reaching its target.

### **Research, Monitoring and Evaluation**

#### ***Cross-Cutting***

1. All the three TRaC surveys (HIV, FP, WTR/MCH) were completed. The data analyses identified points to be improved for the promotion of products and services related to HIV/AIDS prevention, family planning and water treatment to target groups. These could be taken into account in future projects.
2. The MAP study that was conducted helped measure accessibility and availability of social marketing products (Prudence condoms, *Confiance* contraceptives, PUR and Aquatabs water purifiers) in points of sale throughout the project-targeted areas.
3. In order to evaluate the quality of FP service in the *Confiance* network's clinics, an internal audit was conducted in Sud-Kivu by PSI/ASF's technical staff from Kinshasa. Its findings revealed a satisfactory level of partnership with the clinics that were visited, the interest of the clinics' managers to continue offering FP service for the benefit of clients, and the compliance with standards of quality service. The most important areas for improvement were related to the management of biomedical waste and the good use of data collection tools.
4. There was joint supervision with PNLS, PNMLS, coordination teams of partner NGOs and health zones of Ibanda and Kadutu in the Sud-Kivu Province.
5. In July and August, two short-term technical assistance trips were conducted by a regional researcher from PSI/West and Central Africa's office in Benin. Both trips dealt with the analysis of end-of-project surveys.

#### ***HIV/AIDS***

1. The qualitative study on "Prudence for Women" conducted among women living in Kinshasa, Lubumbashi and Mbuji-Mayi provided relevant information to enhance the positioning of Prudence® female condom and promote its use.

### **Reporting**

1. During this quarter, PSI/ASF submitted one quarterly technical progress report for the period from April to June 2013.

2. The semiannual report on the status of PEPFAR indicators was not produced since PSI/ASF did not receive the template from PEPFAR.

### III. Project Management

1. During Q4, the modification No. 10 of the contract was signed with USAID to realign the budget and update the work plan.
2. The Marketing and Logistics Specialist, one of the key personnel, was relocated to Cameroon.

#### AIDSTAR project's closeout

1. PSI/ASF submitted to USAID its proposed closeout plan in early September 2013 along with ten annexes including “equipment inventory and disposition plan” and “status of stocks as of July 2013”.
2. The separation with project’s staff was gradually conducted as the project reached its end, with the last wave taking place 15 days before the end of the project. Therefore, project’s activities went gradually down during the quarter.
3. On September 26<sup>th</sup>, 2013, PSI/ASF organized a closeout workshop with USG partners, national programs officials (PNLS, PNMLS, PNSR, PNLMD, PNSA, etc.) to share lessons learned and factors of success. Attendees followed presentations and testimonies that highlighted for each area of intervention (HIV, FP, MCH, Water) project’s main achievements, lessons learned, and partnerships that were set up with public and private sectors. The MoH was represented by its Secretary General and the USAID mission by its Director. Testimonies of actors from public and private sectors, as well as from direct beneficiaries of the project, highlighted project’s impact on the community.



Mrs Putman is addressing the audience at the beginning of the workshop



After the workshop, attendees are visiting PSI/ASF's stands

#### IV. Problems /Challenges faced during the reporting period

During the reporting period, the project faced the following challenges:

1. PSI/ASF's sales teams in Bukavu could not access some project-targeted areas in Sud-Kivu and Nord-Kivu due to insecurity; that impacted the achievement of distribution targets;
2. PSI/ASF had to dismiss some of its experienced and qualified staff at the end of the project;
3. Ensuring that all unpaid bills to be charged to the project were collected from providers by September 30<sup>th</sup>, 2013 in view of their payment during the trailing period;
4. Closing the Mbuji-Mayi's provincial office (end of the project) and moving the Bukavu's office to another location (insufficient costs share with other donor fundings), with all the logistics issues that entailed, namely how to keep all the equipments/commodities acquired with the project funding before their disposition;
5. The cancellation of Prudence Sensuel's launch required further negotiations to buy back the campaign concept from the advertising agency; and PSI/ASF was obliged to cancel orders placed for new packagings.

#### V. Environmental Mitigation (IEE)

1. As part of the management of waste generated by the delivery of FP services and products in partner clinics, waste bins were included in the set of materials distributed in the supported provinces.
2. During on-site visits and regular meetings with clinicians, the provincial FP staff regularly reiterates the national policy on biomedical waste management. PSI/ASF's provincial staff made the handbook entitled "*Data sheet for injections and samplings safety, and biomedical waste management*" available for FP clinics for a continual application of this procedure in dealing with such waste.
3. PSI/ASF's local staff in charge of clinical supervision ensures regular supply of bins to the network clinics for collecting used needles and other waste generated by IUD or implant insertion. This approach offers more security to service providers while working, since it reduces the risk of handling such waste before it reaches the clinic incinerator, and it also contributes to environmental protection.
4. IEE regulations were recalled to the *Confiance* network providers during ongoing long lasting FP method training. Guidelines for assuring IEE requirements are met in *Confiance* clinics and have also been added to newly revised Quality Assurance checklists to be used by FP staff for partner site visits.
5. Condoms: Proper disposal of condoms, in a designated garbage can or latrine, is included in all community-based actors' trainings and condom messaging, including IEC and condom packaging.



## **VI. FP and HIV policy compliance**

1. USAID's regulations on delivering FP services and products were the focus of discussions during the series of meetings with FP providers to reiterate the TIAHRT Amendment in view of expected results in their FP service delivery.
2. As part of capacity building on USAID's FP policy, PSI/ASF's teams in charge of FP activities have been taking online courses on regulations concerning the provision of services and contraceptive products in order to ensure better program coordination.

[illegible]

FY 2013 Workplan for the Advancing Social Marketing for Health in DRC																																							
	Activity	People concerned by	2012												2013												Comments												
			OCT			NOV			DEC			JAN			FEB			MAR			APR			MAY				JUN			JUL			AUG			SEPT		
			W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4		W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4
B-5	Water and Sanitation Activities																																						
B-5-1	Product																																						
B-5-1-1	Test Aquatabs in Kinshasa																																				Achieved		
B-5-1-2	Order Aquatabs packaging																																				Achieved		
B-5-1-3	Package Aquatabs																																				Achieved		
B-5-2	Placement/Distribution																																						
B-5-2-1	Dispatch Aquatabs to the provinces																																				Achieved		
B-5-2-2	Dispatch PUR stock to the provinces																																				Achieved		
B-5-2-3	Distribute PUR packets to endemo-epidemic cholera sites in partnership with affected health zones																																				Achieved		
B-5-2-4	Distribute Aquatabs tablets to commercial distributors/wholesalers, health zones, NGOs and other institutions																																				Achieved		
C	TASK 2: Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and to build an informed, sustainable																																						
C-1	Cross-Cutting Activities																																						
C-1-1	Share various communication materials developed on CD and DVD and approved by the Ministry of Health with governmental and non governmental partners																																				Achieved		
C-1-2	Produce a documentary on the AIDSTAR project integrating pictures from activities in the provinces, in order to document best practices and lessons learned for future projects																																				Achieved		
C-2	HIV/AIDS/STI Activities																																						
C-2-1	Media Communication and Supports Development																																						
C-2-1-1	Finalize distribution of remaining communication materials produced in 2012																																				Achieved		
C-2-1-2	Broadcast "Prudence" reminder radio and TV spots developed in 2012 (S1)																																				Achieved		
C-2-1-3	Print key messages (such as correction of false beliefs) on posters to be distributed with targeted communities																																				Achieved		
C-2-1-4	Organize interpersonal communication sessions with PNLS, PNMLS, HZs and local implementing NGOs																																				Achieved		
C-2-1-5	Plan mass communication sessions with PNLS, PNMLS, HZs and local implementing NGOs (MMUJ, etc.)																																				Achieved		
C-2-1-6	Organize BCC activities coupled with VCT in collaboration with PROVIC and other partners where PROVIC is not present																																				Achieved		
C-2-1-7	Design the promotion media campaign for the new condom "Prudence Sensuel"																																				Achieved		
C-2-2	100%Jeune																																						
C-2-2-1	Produce and distribute 100%Jeune magazine (including FP messages)																																				Achieved		
C-2-2-2	Explore the need for the development of an electronic edition of 100%Jeune																																				Achieved		
C-2-2-3	Increase the number of followers on the 100%Jeune Facebook page to involve youth in discussions about their health issues																																				Achieved		
C-3	Family Planning Activities																																						
C-3-1	Promotion/Communication																																						
C-3-1-1	Produce a poster with frequently asked questions addressing false beliefs, to be posted in clinics and sales points, in partnership with PNSR																																				Achieved		
C-3-1-2	Finalize the design for the FP flipcharts begun in 2012 in collaboration with PNSR																																				Achieved		
C-3-1-3	Produce and distribute flipcharts to network community organizers																																				Achieved		
C-3-1-4	Develop 5 posters on quality assurance protocols (reference materials) to be posted in clinics and sales points, in partnership with PNSR																																				Achieved		
C-3-1-5	Hold interpersonal communication sessions and educational chats with community-based educators																																				Achieved		
C-3-1-6	Hold integrated mass communication activities																																				Achieved		
C-3-1-7	Continue to provide RH/FP-related information through the existing toll-free hotline on business days																																				Achieved		
C-4	Maternal & Child Health Activities																																						
C-4-a	ORS/Zinc Activities																																						
C-4-a-1	Promotion/Communication																																						
C-4-a-1-1	Hold a preparatory meeting for the Orazinc launch with PNLM and partners at the provincial level																																				Achieved		
C-4-a-1-2	Officially launch Orazinc in all provinces																																				Not achieved		
C-4-a-1-3	Broadcast Orazinc TV and radio spots produced in 2012 in all provinces																																				Not achieved		
C-4-a-1-4	Print and distribute flipcharts on diarrhea management developed in 2012 with PNLM																																				Achieved		
C-4-a-1-5	Organize interpersonal communication sessions with PNLM and NGOs/CBOs																																				Not achieved		
C-5	Water and Sanitation Activities																																						
C-5-1	Promotion/Communication																																						
C-5-1-1	Organize mass communication activities																																				Achieved		
D	TASK 3: Develop and/or enhance the ability of commercial/private sector entities to socially market health products and services including behavior change communication activities																																						
D-1	Cross-Cutting Activities																																						
D-1-1	Organize technical meetings with NGO partners/CBO committees																																				Achieved		
D-1-2	Organize post training sessions with trained PEs and supervisors, implementing partner NGO members, PNLS and PNMLS representatives on integrated communication techniques and data quality assurance																																				Achieved		
D-1-3	Organize technical meetings with CBEs and FP service providers from Conflance network clinics																																				Achieved		
D-1-4	Utilize trainers trained on PPIUD in 2012 to train 10 FP clinic providers in Kinshasa in partnership with the PNSR																																				Achieved		
D-1-5	Organize FP training sessions for 500 PMTCT partner service providers funded by USAID and CDC in partnership with the PNSR																																				Achieved		
D-1-6	Identify trainers of trainers for correct diarrhea management																																				Achieved		
D-1-7	Train service providers (doctors, nurses, HZCO officials) in correct diarrhea management with ORS + Zinc																																				Not achieved		
D-1-8	Continue ASF institutional development																																				Ongoing		
D-1-9	Hold a workshop to develop the PSI/ASF 2013-2016 strategic plan																																				Achieved		

FY 2013 Workplan for the Advancing Social Marketing for Health in DRC																																						
	Activity	People concerned by	2012												2013																		Comments					
			OCT			NOV			DEC			JAN			FEB			MAR			APR			MAY			JUN			JUL				AUG			SEPT	
			W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4
E	TASK 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the GDRC, other United States Government (USG), and non-																																					
E-1	Cross-Cutting Activities																																					
E-1-1	Organize quarterly monitoring meetings with USAID at the national level																																			Achieved		
E-1-2	Organize quarterly coordination meetings with other USAID partners at the provincial level, based on the experience of the PSI/ASF Kisangani office																																			Achieved		
E-1-3	Participate in periodic reviews and planning for USAID HZs																																			Achieved		
E-1-4	Participate in the development of HZ operational action plans																																			Achieved		
E-1-5	Organize a semiannual discussion meeting with FP clinic managers in partnership with the PNSR																																			Cancelled		
E-1-6	Participate in thematic meetings (health clusters, WASH, FP, reproductive, HIV) at the national and provincial levels																																			Achieved		
E-1-7	Participate in the Ministry of Health annual review																																			Achieved		
E-1-8	Hold, where possible, weekly working sessions with program offices and Health Zones to reinforce coordination																																			Achieved		
E-2	Capacity Building & Assessments																																					
E-2-1	Renew partnership agreements with local implementing NGOs																																			Achieved		
E-2-2	Build leadership capacities of local provincial staff (PO, coordinators)																																			Achieved		
E-2-3	Build capacities of 11 partner NGOs through Social Impact and use them for behavior change communication activities																																			Achieved		
F	Research, Monitoring and Evaluation																																					
F-1	Cross-Cutting Activities																																					
F-1-1	Organize 3 TRaC surveys (HIV, FP, WTR/MCH)																																			Achieved		
F-1-2	Organize a MAP study																																			Achieved		
F-1-3	Disseminate results of the TRaC and MAP studies																																			Achieved		
F-1-4	Develop integrated supervisory and reporting tools																																			Achieved		
F-1-5	Organize integrated supervisory visits from the national level to the provincial level																																			Achieved		
F-1-6	Organize integrated supervisory visits from the provincial level to implementing partners																																			Achieved		
F-2	HIV/AIDS																																					
F-2-1	Hold a Willingness-to-Pay study on "Prudence" products																																			Achieved		
F-2-2	Organize a qualitative study on "Prudence for Women" in three health zones, taking into account mid-term evaluation results																																			Achieved		
F-3	Reporting																																					
F-3-1	Produce the last quarterly report on the status of AIDSTAR project indicators for 2012																																			Achieved		
F-3-2	Produce an annual report for year 3 of the AIDSTAR project																																			Achieved		
F-3-3	Produce quarterly reports on the status of AIDSTAR project indicators for 2013																																			Achieved		
F-3-4	Produce semiannual reports on the status of PEPFAR indicators (Semi-Annual PEPFAR Report)																																			Not achieved (see Task 4 / Reporting for reasons)		
F-3-5	Produce an AIDSTAR project annual report (year 4) - October 30, 2013																																			Achieved		
F-3-6	Produce an AIDSTAR project final report - December 30, 2013																																			Ongoing		

## VIII. Annexes

### VIII.1- Project indicators

#### Annex A: Product Distribution Targets

Annex A: Product Distribution Revised Targets						
	PRODUCTS	YEARS				TOTAL
		1	2	3	4	
HIV	Male Condoms	20,000,000	25,000,000	34,000,000	36,500,000	115,500,000
	Female Condoms	500,000	700,000	1,100,000	1,310,000	3,610,000
FP	Oral Contraceptives	700,000	1,000,000	1,200,000	1,500,000	4,400,000
	Depo-Provera (3-month)	100,000	200,000	200,000	250,000	750,000
	IUD	2,000	2,500	2,750	3,000	10,250
	Cycle Beads	4,000	6,000	6,000	6,200	22,200
	Implants	500	800	2,500	2,500	6,300
MCH / WS	Clean Delivery Kits	20,000	30,000	0	0	50,000
	ORS+Zinc Diarrhea Treatment Kit	0	0	0	100,000	100,000
	PUR	1,000,000	2,000,000	2,000,000	2,200,000	7,200,000
	Aquatabs	1,150,000	2,000,000	2,000,000	2,000,000	7,150,000

## Annex B: Annual Performance Milestones

INDICATORS	YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL	Comments/Assumptions
<b>Task 1: Increase supply and diversity of health services and products</b>						
1 Number of male condoms distributed through the USG funded social marketing programs	20 000 000	25 000 000	34 000 000	36 500 000	<b>115 500 000</b>	Year 1 and 2 targets remain the same. Year 3 target is increased by adding Kinshasa-Kisangani extension (30,000,000+4,000,000). Year 4 target is increased by adding Kinshasa-Kisangani extension (32,000,000+4,500,000).
2 Number of female condoms distributed through the USG funded social marketing programs	500 000	700 000	1 100 000	1 310 000	<b>3 610 000</b>	Year 1 and 2 targets remain the same. Year 3 target is increased by adding Kinshasa-Kisangani extension (1,000,000+100,000). Year 4 target is increased by adding Kinshasa-Kisangani extension (1,200,000+110,000).
3 Liters of water disinfected with point of use home water treatment solution to the USG funded social marketing programs	33 000 000	60 000 000	60 000 000	62 000 000	<b>215 000 000</b>	Based on quantities planned. Year 1 target is based on previous project last year achievement. Year 2, 3 and 4 targets have been updated, based on year 1 achievements. Expected results are based on other donors supplying products. year 3 and 4 targets cannot be increased, as cholera outbreaks are not included in the calculation as they cannot be planned.
4 Number of Diarrhea Treatment Kits containing 2 low-osmolarity flavored ORS sachets plus a 10-blister pack of zinc distributed through the USG funded social marketing programs	0	0	0	100 000	<b>100 000</b>	Due to the late approval of the waiver for purchasing ORAZINC (Orasel+Zinc) by USAID, and the consecutive need to initiate a new international tender, the arrival of the product in DRC is expected in May 2013. Thus, the distribution will certainly not start before June 2013. Consequently, only 100,000 DTKs are expected to be distributed late FY2013.
5 Number of clean delivery kits distributed through the USG funded social marketing programs	20 000	30 000	0	0	<b>50 000</b>	Based on quantities planned. Based on Hope Consulting's assessment, transfer of CDK's distribution and promotion to a private company is not feasible.
6 Number of cycles of oral contraceptives distributed through the USG funded social marketing programs	700 000	1 000 000	1 020 000	1 275 000	<b>3 995 000</b>	Year 1 and 2 targets remain the same. Year 3 & 4 targets are decreased by the number of POP to be distributed (respectively 180,000 and 225,000) because of stock out of Ovrette since FY10 and lack of approval for distribution (Autorisation de mise sur le Marche) of Microlut).
7 Number of injectable contraceptives distributed through the USG funded social marketing programs	100 000	200 000	200 000	250 000	<b>750 000</b>	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements. Year 2 target has been updated, based on year 1 achievements.

8	Number of IUDs distributed through the USG funded social marketing programs	2 000	2 500	2 750	3 000	10 250	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements.
9	Number of cyclebeads distributed through the USG funded social marketing programs	4 000	6 000	6 000	6 200	22 200	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements. Year 2 target has been updated, based on year 1 achievements.
10	Number of implants distributed through the USG funded social marketing programs	0	1 300	2 500	2 500	6 300	Based on universe of needs calculation (including estimated impact of the project on product used-related behavior change). Year 2 target has been updated, as there was no distribution in year 1 due to registration issue. Year 3 and 4 targets have been updated, based on year 2 achievement.
11	Couple-years of protection (CYP) in USG-supported programs	88 867	145 107	152 150	183 200	569 323	Based on the revised distribution targets above and the new USAID's CYP conversion factors, the calculation of CYPs is updated.
<b>Task 2: Increase the awareness of and demand for health products and services</b>							
12	Number of people reached during HIV/AIDS activities who are oriented to a VCT site	0	4 364	11 252	12 817	28 433	Year 1 and 2 targets remain the same. Year 3 target is increased by adding Kinshasa-Kisangani extension (10,952+300). Year 4 target is increased by adding Kinshasa-Kisangani extension (11,617+1200).
13	Number of individuals reached with individuals/small group preventive interventions primarily focused on abstinence and/or being faithful that are based on evidence and/or meet the minimum standards	0	17 717	23 442	25 337	66 496	Year 1 and 2 targets remain the same. Year 3 target is increased by adding Kinshasa-Kisangani extension (19,942+3,500). Year 4 target is increased by adding Kinshasa-Kisangani extension (21,437+3,900).
14	Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	0	14 286	19 666	20 386	54 338	Year 1 and 2 targets remain the same. Year 3 target is increased by adding Kinshasa-Kisangani extension (16,566+3,100). Year 4 target is increased by adding Kinshasa-Kisangani extension (17,286+3,100).
15	Number of targeted condom service outlets	1 800	6 000	7 952	8 852	8 852	Year 1 and 2 targets remain the same. As this indicator is cumulative from one year to the following, Year 3 & 4 targets are increased by adding Kinshasa-Kisangani extension (respectively 800 and 900).
16	Number of individuals participated in community-wide event focused on HIV/AIDS	0	200 000	340 000	460 000	1 000 000	Year 1 and 2 targets remain the same. Year 3 target is increased by adding Kinshasa-Kisangani extension (300,000+40,000). Year 4 target is increased by adding Kinshasa-Kisangani extension (400,000+60,000).

17	Number of media outlets including HIV/AIDS messages in their programs	0	48	30	25	48	Year 1 and 2 targets remain the same. Year 3 target is increased by adding Kinshasa-Kisangani extension (27+3). Year 4 target is increased by adding Kinshasa-Kisangani extension (15+10).
18	Number of media broadcasts that promote responsible sexual behavior	0	20 160	12 986	2 350	35 496	Year 1 and 2 targets remain the same. Year 3 target is increased by adding Kinshasa-Kisangani extension (5,400+7,586). Year 4 target is increased by adding Kinshasa-Kisangani extension (1350+1,000).
19	Number of peer educators who successfully completed an in-service training program	0	300	300	0	600	No change
20	Number of FP service delivery points (pharmacies and clinics) added to the <i>Confiance</i> FP network with USG assistance	0	199	5	0	204	No change
21	Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs (depo provera)	100	68	45	45	45	Contingent upon consistent product supply from the donor.
22	Number of people reached during outreach activities promoting the use of water purifier products	50 000	300 000	250 000	200 000	800 000	No change
23	Number of people reached during outreach activities promoting the use of ORS sachets to treat diarrhea	0	0	0	20 000	20 000	Due to the late approval of the waiver for purchasing ORAZINC (Orasel+Zinc) by USAID, and the consecutive need to initiate a new international tender, the arrival of the product in DRC is expected in May 2013. Thus, the distribution will certainly not start before June 2013. Consequently, only 20,000 people are expected to be reached late FY2013.
24	Number of service delivery points social marketing delivery kits	200	400	0	0	400	No change. Non cumulative indicator.
25	Percentage of service delivery points reporting stock out of water purifier at any time	40%	30%	20%	15%	15%	Based on anticipated project efforts. In year 1, wholesalers were considered as service delivery points. For years 2, 3 and 4, the indicator is corrected: service delivery points are retailers. No change.
26	Percentage of service delivery points reporting stockouts of ORS/zinc tablets at any time	-	-	-	-	-	Due to the late approval of the waiver for purchasing ORAZINC (Orasel+Zinc) by USAID, and the consecutive need to initiate a new international tender, the arrival of the product in DRC is expected in May 2013. Thus, the distribution will certainly not start before June 2013. Consequently, we believe that it will be difficult to measure this indicator.
<b>Task 3: Develop and/or enhance the ability of commercial/private sector entities to social market health products and services including behavior change communication activities</b>							
27	Number of socially marketed health products or services transitioned to the private sector	0	0	0	0	0	Based on Hope Consulting's assessment, transfer of CDK's distribution and promotion to a private company is not feasible. Thus, the indicator for year 3 was zeroed out.
28	Number of trained/refreshed private sector distributors, NGOs, associations and community health workers trained in social marketing and/or BCC techniques	0	10	10	0	20	Years 2 and 3 are cumulative.
<b>Task 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community level through joint planning with GDRC, other USG and non-USG partners</b>							
29	Number of external technical/coordination meetings attended at national/provincial/district levels with stakeholders	60	93	110	110	373	Based on budget available, and past experience in coordination. No change.



## VIII.2- Inventory on hand: stock

The table below highlights PSI/ASF's current unpackaged and packaged stock levels for each product in each targeted province of the project.

Provinces	HIV Products		FP Products					WatSan Products	
	Prudence Male	Prudence Female	Combi 3	Injectable	IUD	Cycle Beads	Jadelle	PUR	AQUATABS
KINSHASA	15 971 096	7 151	758 127	38 331	31	74 231	568	2 006 968	20 100 943
KATANGA	1 445	24 000	77 985	0	60	254	30	366 240	1 203 200
BAS CONGO	0	0	0	0	0	0	0	0	0
SUD KIVU/NORD KIVU	551 949	4 775	0	0	50	0	274	1 620 000	668 160
PROVINCE ORIENTALE	0	8 000	5 050	3	0	0	0	0	41
KASAI ORIENTAL/KASAI OCCIDENTAL	114 398	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>16 638 888</b>	<b>43 926</b>	<b>841 162</b>	<b>38 334</b>	<b>141</b>	<b>74 485</b>	<b>872</b>	<b>3 993 208</b>	<b>21 972 344</b>

It should be noted that there are also 14,557,876 Prudence Sensuel male condoms in PSI/ASF's main warehouse in Kinshasa.

### VIII.3- List of Acronyms

AIDS	: Acquired Immune Deficiency Syndrome
AMM	: Autorisation de Mise sur le Marché
ASF	: Association de Santé Familiale
BCC	: Behavior Change Communication
CBDA	: Community-Based Distribution Agent
CBE	: Community-Based Educator
CCP	: Comprehensive Condom Programming
CDK	: Clean Delivery Kit
CILC	: Comité Intersectoriel de Lutte contre le Cholera
CNAEA	: Comité National d'Action Eau et Assainissement
COC	: Combined Oral Contraceptive
COP	: Chief of Party
COTR	: Contracting Officer's Technical Representative
CR	: Country Representative
CSW	: Commercial Sex Worker
CYP	: Couple Years of Protection
DHS	: Demographic and Health Survey
DTK	: Diarrhea Treatment Kit
DRC	: Democratic Republic of Congo
FH	: Food for the Hungry
FMCG	: Fast Moving Consumer Goods
FP	: Family Planning
FY	: Fiscal Year
GDRC	: Government of DRC
HIV	: Human Immune deficiency Virus
IEC	: Information, Education and Communication
IPC	: Interpersonal Communication
IUD	: Intra Uterine Device
MAP	: Mesure de l'Accès et de la Performance
MCH	: Maternal and Child Health
MCSD	: Marketing, Communication and Sales Department
MoH	: Ministry of Health
MSM	: Men having Sex with Men
MVU	: Mobile Video Unit
No	: Number
NGO	: Non-Governmental Organization
OC	: Oral Contraceptive
OFOG	: Overseas Financial Operations Group
ORS	: Oral Rehydration Solution
P&G	: Procter and Gamble
PEC-D	: Prise en Charge Correcte de la Diarrhée
PEPFAR	: (US) President's Emergency Plan for AIDS Relief
PLWHA	: People Living With HIV/AIDS
PMTCT	: Prevention of Mother To Child Transmission
PMEP	: Performance Monitoring and Evaluation Plan
PNLMD	: Programme National de Lutte contre les Maladies Diarrhéiques
PNLS	: Programme National de Lutte contre le Sida
PNMLS	: Programme National Multisectoriel de Lutte contre le Sida
PNSA	: Programme National de la Santé des Adolescents

PNSR	: Programme National de Santé de la Reproduction
POP	: Progestin-Only Pill
POU	: Point of Use
PPIUD	: Postpartum Intra Uterine Device
ProVIC	: Projet de lute contre le VIH Intégré au Congo
PSI	: Population Services International
Q	: Quarter
RH	: Reproductive Health
SCOGO	: Société Congolaise de Gynéco-Obstétrique
SI	: Social Impact
STIs	: Sexually Transmitted Infections
STTA	: Short Term Technical Assistance
TRaC	: Tracking Results Continuously
TV	: Television
UNICEF	: United Nations Children's Fund
UNFPA	: United Nations Population Fund
USAID	: United States Agency for International Development
USG	: United States Government
VCT	: Voluntary Counseling and Testing
W	: Week
WATSAN	: Water and Sanitation
WCA	: West and Central Africa